

SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY

5400 Broad River Road

Columbia, South Carolina 29212-3540

(803) 896-7802

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MEDICAL HISTORY, EXAMINATION, AND FITNESS FOR TRAINING

TO THE EMPLOYER:

This form is inappropriate for use as a pre-offer inquiry under existing State and Federal law. THIS FORM SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT IS MADE. Once a conditional offer of employment is made, you may use this form and the accompanying medical examination to determine if the applicant can perform the essential functions necessary to successfully complete training at the Criminal Justice Academy. All inquiries should focus on the applicant's ability to perform the position being sought, not focus on any perceived physical or mental disability which would exclude the applicant.

REPORT OF EXAMINATION

To be on file at the Academy

TO THE CANDIDATE:

All information MUST be completed. Please type or print legibly and provide to your examining physician. Attach additional sheets/documentation as necessary. By my signature, I certify that there are no willful misrepresentations, omissions or falsifications in my answers below and the answers given are true to the best of my knowledge and belief. Any falsification, withholding or failure to answer all questions completely and accurately may disqualify me from receiving training and/or certification as a law enforcement officer. I understand this information will be used to determine whether I am medically capable of performing the essential functions and physical demands of the training at the South Carolina Criminal Justice Academy. **Medical information regarding my ability to perform these functions and demands will be made available to the South Carolina Criminal Justice Academy and I do, hereby, waive any privacy rights I may have under HIPAA (110 Stat. 1936) with regard to this examination and any medical treatment I may need during my period of training at the South Carolina Criminal Justice Academy.**

Candidate's Signature _____ Date: _____

CANDIDATE'S NAME: _____

CANDIDATE'S SOCIAL SECURITY NUMBER: _____

CANDIDATE'S EMPLOYING LAW ENFORCEMENT AGENCY: _____

CANDIDATE'S DATE OF BIRTH: ____/____/____ CANDIDATE'S AGE: ____

CANDIDATE'S HOME ADDRESS: _____

CANDIDATE'S HOME TELEPHONE NUMBER: (____) ____-_____

EMERGENCY CONTACT PERSON: _____

TELEPHONE NUMBER FOR EMERGENCY CONTACT: (____) ____-_____

1. Do you have or have you ever had:

| | YES | NO |
|---------------------|-------|----------|
| Measles | _____ | _____ |
| Bronchitis | _____ | _____ |
| Mumps | _____ | _____ |
| Chickenpox | _____ | _____ |
| Polio | _____ | _____ |
| Seizures | _____ | _____ |
| Pneumonia | _____ | _____ |
| Tuberculosis (TB) | _____ | _____ |
| Cancer | _____ | _____ |
| Diabetes | _____ | _____ |
| Blood Problems | _____ | _____ |
| High Blood Pressure | _____ | _____* |
| Heart Problems | _____ | _____t |
| Kidney Problems | _____ | _____ |
| Ulcers | _____ | _____ |
| Arthritis | _____ | _____ |
| Hernia | _____ | _____ |
| Skin Problems | _____ | _____ |
| Back Problems | _____ | _____ |
| Asthma | _____ | _____ |
| Hemorrhoids | _____ | _____ |
| Mental Illness | _____ | _____ |
| Hepatitis | _____ | _____ |
| Lung Problems | _____ | _____ |
| Surgery | _____ | _____** |
| Significant Injury | _____ | _____tt |
| High Cholesterol or | _____ | _____*** |
| High Triglycerides | _____ | _____ttt |
| Diabetic | _____ | _____ |

2. Are you allergic to any medicines, food or other substances? _____

3. Do you use:

Yes/No/ How Much?/ In Past?

Cigarettes _____

Cigars _____

Alcohol _____

Drugs _____

4. List all medications you take regularly:

5. Family History: Have your mother, father, sister or brother had the following:

| | YES | NO |
|---------------------|-------|-------|
| Diabetes | _____ | _____ |
| Tuberculosis (TB) | _____ | _____ |
| High Blood Pressure | _____ | _____ |
| Heart Disease | _____ | _____ |
| Cancer | _____ | _____ |
| Stroke | _____ | _____ |

*High Blood Pressure – If Yes, Explain: _____
Systolic _____ Diastolic _____

^tHeart Problems – If Yes, Explain: _____

**Surgery – If Yes, Explain: _____

^tSignificant Injury – If Yes, Explain: _____

***High Cholesterol or High Triglycerides – If Yes, Explain: _____

^{tt}Diabetic – If Yes, Type 1 OR Type 2
Explain: _____

6. Current Occupation: _____

7. Job you have held longest: _____

8. Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? YES NO
If Yes, Explain: _____

9. Have you ever been unable to hold a job because of medical reasons? YES NO
If Yes, Explain: _____

10. Have you ever received Workers' Compensation? YES NO
If Yes, Explain: _____

11. Have you lost time from work for medical reasons in the past five years? YES NO
If Yes, Explain: _____

12. Have you ever suffered a back or pelvis injury? YES NO
If Yes, Explain: _____

13. Have you ever been injured in an automobile accident? YES NO
If Yes, Explain: _____

14. Have you ever been injured in an industrial accident? YES NO
If Yes, Explain: _____

15. Do you have any medical disability? YES NO
If Yes, Explain: _____

16. Have you ever experienced an injury to any bones or joints? YES NO

If Yes, Explain: _____

17. Have you ever experienced any shortness of breath? YES NO

If Yes, Explain: _____

18. Do you have any respiratory disorders (Asthma, etc...)? YES NO

If Yes, Explain: _____

19. Do you have any allergies (Drug, Food, Insects, etc...)? YES NO

If Yes, List: _____

20. Are you pregnant? YES NO **If No, do not answer questions 20(a)-20(h).**

If Yes:

(a) What trimester are you in? _____

(b) What is your due date? _____

(c) Have you ever miscarried? YES NO

If Yes, Explain: _____

(d) Do you currently have any known complications related to your pregnancy (high blood pressure, gestational diabetes, etc...)? YES NO

If Yes, Explain: _____

(e) Have you had any complications during any prior pregnancies and/or deliveries?

YES NO N/A

If Yes, Explain: _____

(f) Have you ever had a caesarean section? YES NO N/A

If Yes, Explain: _____

(g) **OB/GYN PHYSICIAN'S NAME:** _____

(h) **OB/GYN PHYSICIAN'S PHONE:** _____

21. Have you had any surgery during the past 12 months? YES NO

If Yes, Explain: _____

22. Are you presently involved in an exercise program? YES NO

If Yes, Explain: _____

If No, when was the last time you were involved in an exercise program and what did that exercise program entail? _____

23. How do you rate your overall health?

Poor _____ Fair _____ Good _____ Excellent _____

Explain: _____

TO THE PHYSICIAN:

All information MUST be completed. Please type or print legibly and return to the Law Enforcement Candidate and/or the Employing Law Enforcement Agency. Attach additional sheets/documentation as necessary.

It is the primary consideration of the South Carolina Criminal Justice Academy to safeguard the health and well-being of all candidates participating in our training. **Therefore, all candidates for training at the South Carolina Criminal Justice Academy should be free of any medical, mental, psychological, or other conditions which may interfere with his/her ability to safely participate in and successfully perform law enforcement activities.** Below is a listing of program curriculum and proficiency performance areas for Physician review and consideration in conjunction with the Physician's knowledge regarding the candidate's past and current medical condition. The program curriculum and proficiency performance areas include, but are not limited to:

- Complete formation runs of various distances up to 5.0 miles in length in a timely manner, without stopping (Class 1 Law Enforcement Officer)
- Participate in 90 minute long physical training sessions designed to increase strength and endurance (Class 1 Law Enforcement Officer)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather
- Climb, crawl, wrestle, jump, lift and drag heavy weights
- Visually distinguish targets on a firing range at distances of up to 75 yards
- Safely operate a motor vehicle at various speeds, including very high speeds, and under varying conditions, including with police lights and sirens activated (Class 1 Law Enforcement Officer)
- Tolerate loud noises (sudden and sustained) to include sirens, weapons firing, and other percussions

- Safely handle various types of weapons, including, but not limited to firearms, tazers, OC Spray (Pepper Spray), Impact Weapons (Asp, Baton, etc...). This includes being able to independently hold and fire a firearm with either hand (fire one handed).
- Tolerate the psychological stresses of law enforcement work, including working swing shifts, observing and assisting with traumatic incidents (deciding to discharge weapon in protection of self or others; responding to serious crimes in progress; responding to child abuse cases; death and dismemberment scenes; and other acts of extreme malice, etc...), work long hours without the possibility of relief (emergency situations, etc...), and high stress incidents (active shooter incidents, etc...)
- Participate in physically rigorous defensive tactics training including, but not limited to:
 - 1) joint manipulation
 - 2) handcuffing (hands extended behind back)
 - 3) take down techniques (prone position flat on stomach)
 - 4) kicks and strikes utilizing padded bags for protection
 - 5) bending at the waist
 - 6) Kneel on knees (together and individually) unsupported
- Complete a physical agility assessment course, including, but not limited to: running up and down stairs, jumping through an open window, and dragging a 170 lbs dead weight bag (Class 1 Law Enforcement Officer)
- Physical activity and engagements in scenario based training sessions
- Tolerate exposure to various gas/chemical elements (Pepper Spray, OC Spray, Tear Gas, etc...)
- Sit in a desk chair for up to ten (10) hours at a time
- Sustain this level of functioning for 12-14 hours per day for at least 5 days per week

PATIENT/CANDIDATE'S NAME: _____

PATIENT/CANDIDATE'S SOCIAL SECURITY NUMBER:

Height _____ Weight _____

Blood Pressure _____ Pulse _____

Visual Acuity R _____ L _____ Without correction

R _____ L _____ With correction

Color Vision _____

| | Normal | Abnormal | Explanation |
|---------------|--------|----------|-------------|
| Eyes | _____ | _____ | _____ |
| Ears | _____ | _____ | _____ |
| Hearing | _____ | _____ | _____ |
| Nose | _____ | _____ | _____ |
| Throat | _____ | _____ | _____ |
| Mouth | _____ | _____ | _____ |
| Neck | _____ | _____ | _____ |
| Chest/Lungs | _____ | _____ | _____ |
| Heart | _____ | _____ | _____ |
| Abdomen | _____ | _____ | _____ |
| Hernia | _____ | _____ | _____ |
| Genitourinary | _____ | _____ | _____ |
| Back | _____ | _____ | _____ |
| Extremities | | | |
| Upper | _____ | _____ | _____ |
| Lower | _____ | _____ | _____ |
| Neurologic | _____ | _____ | _____ |
| Psychological | _____ | _____ | _____ |
| Skin | _____ | _____ | _____ |

TB Skin Test _____

U.A. pH s.g. Chemistry _____

THE ABOVE NAMED PATIENT/CANDIDATE IS:

- a. _____ Medically **SUITABLE** for training at the SC Criminal Justice Academy, **OR**
b. _____ Medically **UNSUITABLE** for training at the SC Criminal Justice Academy
for the following reason(s): _____

Comments: _____

The medical history and physical examination results for this Candidate are on file in the Physician's office at the below address and will be made available to the Criminal Justice Academy in full upon request. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation and/or treatment. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

ATTESTATION: I have reviewed the activities that this candidate for law enforcement training will be required to participate in during his/her training at the South Carolina Criminal Justice Academy. I have conducted a complete physical examination of this candidate and attest that he/she (____ is) (____ is not) medically suitable to participate in the training program at the Academy.

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

Date: _____

Physician's Signature

Date: _____

Candidate's Signature

NOTE: All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must also sign and date this page.

TO THE CANDIDATE:

This section is to remain blank until you report to the South Carolina Criminal Justice Academy for training.

ATTESTATION: I have reviewed this Medical History, Examination, and Fitness for Training form and hereby attest that answers I provided are **STILL** true to the best of my knowledge. I further attest that I have fully disclosed my medical history and current physical condition through this form. **Additionally, I agree to inform the staff of the South Carolina Criminal Justice Academy as soon as is reasonably possible if I become aware any of the information I have provided through this form has changed or is untrue.**

Date: _____

Candidate's Signature